OBSERVATIONS

STAT 1. During FY 1962 [redacted] total evaluations (all types) were done

ILLEGIB [redacted]
STAT [redacted] were Pre-employment and EOD's (review of 89's) or 37.3%
STAT Of the [redacted] reported for physical exams or 79%
cancelled out or failed to report or 21%
5 % were disqualified

A review of backlog of notices of cancellations for May thru 8 August 1962 - 535 notices - roughly 70% were for "obtained another position" or "no longer interested."

If review of 89's could be delayed in processing Pre-employment
STAT and EOD's, approximately [redacted] reviews could have been eliminated during this period.

Of the 5% disqualified either after evaluating the 89 or after physical exam, a majority were for psychiatric reasons (8 out of 10).
Could the personnel index be done earlier, perhaps as part of recruiting process, or in the case of persons in the IAS, it could be done shortly after entering the pool.
If polygram done early--can the two be tied in?

Perhaps a more thorough study of cancellation notices would be advantageous.

STAT 2. During FY 1962 [redacted] Reviews of Medical History (Form 89) were made for Pre-employment and/or EOD's. These were 37.3% of the
STAT total [redacted]

To submit routine request from IAS to Medical required:5

2 copies Form 570
6 copies Form 259
1 copy Form 89
9 Forms for one individual

STAT [redacted] valuation requests requiring
papers each
forms handled by Medical for these cases

If additional information is required, another set of Form 570 is attached, or in some instances, a memo is prepared. (About 10% of evaluations require additional information - 10% of [redacted] STAT

STAT [redacted]

[redacted] STAT

Processing these cases for physical exams requires at least 5 more pieces of paper (Form 88, Lab sheet, index card, etc.) Also a lab work sheet, the personal index.

STAT [redacted]

Total papers for initial processing is [redacted] STAT

Scheduling for physicals also generates a large schedule sheet, a list (11 copies) for dissemination within Medical Staff, a folder for the Medical chart, a personal index and a folder for the PI).

3. Physical layout of line of processing needs improvement for even flow of screening, testing and examining of applicants:
   Appointment clerk out of line of flow
   Receptionist required to leave desk and walk around to file room to obtain charts
   These two ought to be located closer and pass through window to file room considered

4. Physical Requirements Officers now located in lab area. Should be in closer proximity to secretary in another room.

5. Name plates on PRO's desks would identify them to individuals coming in to see them personally. At present, persons wander into the room uncertain as to which PRO they are seeking.

6. Need for two reception rooms? Examinees pass from the cleared area through the uncleared area to go to labs. Also a see-through window in the door between the two areas would enable persons about to open the door to see if door area clear on other side.

7. Receptionist asks persons in the waiting rooms to fill out certain forms. Writing tables or writing areas should be provided.

8. Better identification of rooms to facilitate the examinees. Signs that extend outward to be seen for a distance down the long halls would help.

9. Hanging medical directory in entrance hall? First time visitors puzzled after passing thru double doors. No arrows, no signs??

10. Filing equipment needs relocating (safe used by lab techs not near work area, same with PRO's)

11. File Room:
    a. Restrict access of personnel to file personnel.
    b. Being used as general storage area.
    c. Restrict filing and retrieving operation to file room personnel.
    d. Add distinguishing feature to Psychiatric chart files to facilitate filing and finding (colored folder, ink marking tabs, tape??)
    e. Redesign charge out holder or cards to extend beyond folder to expedite re-filing. Would aid in pin-pointing charge card after general area for filing located.
    f. Common Agency identification number under study -- how will this affect all Med files?

12. Analyze contents of charts - Admin vs. medical papers

13. Backlog of cancellation notices (535 for May thru Aug 8) with appointment clerk--extra help or detail needed to eliminate F89's from otherwise active current file.

14. Staples, staples, staples! Every step in process preceded with pulling staples and puctuated with a staple.

15. Have rubber stamp made for PRO secretary so that she can stamp disposition on index card and retain it in her file. Now card is pulled and travels with case to clerk who does the stamping and then returns the index card to secretary. If call received when card out of file secretary required to hunt it down. Cards and cases sent to Audrey (3 rooms away), cards stamped and returned for Mary Lois for her files. Second set of stamps would keep cards from travelling.

16. Appointment clerk would like Appointment cards to be given to examinee as reminders of next scheduled visit.

The above are directly related to the procedure. The following

also noted are listed as possible areas for study if the Medical Staff

17. What is reason for numerical filing? Alphabetical filing would preclude need for cross reference index, would spread expansion of files in all areas rather than at the end of file only, as in straight numerical system. Terminal digit would also do this. Study best method for filing.

18. Is another chart folder more appropriate for filing purposes? Since dependents file is voluminous, should those files be contained in different style folders (envelope type?)

19. Must dependents charts be retained in file room after return to states? Retire to Center___months after return. Can recall for processing again when and if--assuming Medical has plenty of advance notice when dependents involved.

20. To aid locating cases or charts, assign workload by numbers where feasible (eg. with 2 PRO's, one could be assigned all even numbers and the other odd numbers, lab techs, nurses, doctors, etc.)

21. On O/S returnees and dependents -- have O/S Medical personnel screen material before sending to Headquarters, also have O/S medics use consolidated lab reports rather than individual lab slips--can these be sent overseas? Ideally, could abstract of case be sent rather than all slips, histories, comments, etc. (eg. 30 letter size sheets recorded on one individual plus lab sheets of all sizes)

22. Can consolidated lab report be redesigned to include radio-graphic report when 14 x 17 x-ray made? Would eliminate 5 x 8 form in chart.

23. Total physical examinations in FY 1962 - [redacted] Pre-employments and EOD - [redacted] were disqualified or roughly 3%. No breakdown for clinical vs psychiatric was made by me, but observation indicated more than 75% were by Psychiatric Staff. Should exam process be revised?

STAT STAT

24. Analyze forms and eliminate bootleg forms. Medical now has 45 forms under control (36 nonstocked - 9 stocked)

25. Study reports and reporting procedures.

26. Two-day physical process has increased workload for appointment clerk and receptionist. How does it effect other medical activities?

27. Revising present procedure for emergency treatment by permitting employees to go directly to Nursing Branch without first pulling employees chart. (See process charts attached).